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TECH CENTER 1600/2900

Docket No. 42982-C1

#61B
7-26-02
Done

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Goldin et al.

SERIAL NO.: 09/637,774

EXAMINER: P. O'Sullivan

FILED: August 11, 2000

ART UNIT: 1621

FOR: THERAPEUTIC GUANIDINES

Honorable Commissioner of Patents and Trademarks
Washington, DC 20231

Sir:

AMENDMENT

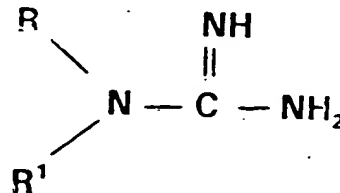
Applicants are in receipt of the Office Action dated March 27, 2002. Please amend the above-identified application as follows.

IN THE CLAIMS ✓

Please cancel without prejudice claims 1-24.

✓
Please add the following new claims.

25. A method for treating a disorder of the nervous system in which the pathophysiology of the disorder involves excessive or inappropriate release of a neurotransmitter from neuronal cells, comprising administering to a mammal exhibiting symptoms of the disorder or susceptible to the disorder an effective amount of a compound of the following formula



wherein R and R¹ are each independently substituted or unsubstituted alkyl having from 1



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Assistant Commissioner for Patents
Washington, D.C. 20231

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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is
☒ a small entity.
☐ other than a small entity.

EXTENSION OF TERM

NOTE: "Extension of Time in Patent Cases (Supplement Amendments) — If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Susan M Dillon
Signature

Date: June 27, 2002

Susan M. Dillon
(type or print name of person certifying)

If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G. 34-35).

NOTE: See 37 C.F.R. 1.645 for extensions of time in interference proceedings, and 37 C.F.R. 1.550(c) for extensions of time in reexamination proceedings.

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/>	one month	\$110.00	\$55.00
<input type="checkbox"/>	two months	\$400.00	\$200.00
<input type="checkbox"/>	three months	\$920.00	\$460.00
<input type="checkbox"/>	four months	\$1,440.00	\$720.00
<input type="checkbox"/>	five months	\$1,960.00	\$980.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

☐ An extension for _____ months has already been secured. The fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

(b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2) (Col. 3) SMALL ENTITY			OTHER THAN A SMALL ENTITY			
Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	OR	Rate	Addit. Fee
Total	* Minus	**	=	x \$9 =	\$		x \$18 =	\$
Indep.	* Minus	***	= 0	x \$39 =	\$		x \$78 =	\$ 0
[] First Presentation of Multiple Dependent Claim				+ \$130 =	\$		+ \$260 =	\$ 0
Total Addit. Fee					\$ _____	OR	Total Addit. Fee	\$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

- (c) [X] No additional fee for claims is required.
OR
 (d) [] Total additional fee for claims required \$ _____.

FEE PAYMENT

5. [] Attached is a check in the sum of \$ _____.
 [] Charge Account No. 04-1105 the sum of \$ _____.
 A duplicate of this transmittal is attached.

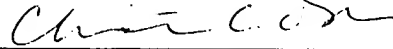
FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. [X] If any additional extension and/or fee is required, charge Account No. 04-1105.

AND/OR

[X] If any additional fee for claims is required, charge Account No. 04-1105



SIGNATURE OF PRACTITIONER

Reg. No. 38,256

Christine C. O'Day

(type or print name of practitioner)

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